DOCUMENT RESUME

ED 325 734 CG 022 480

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TITLE Drugs, Suicide, and Rock and Roll.
PUB DATE Apr 90
NOTE 40p.; Paper presented at the Annual Meeting of the Ohio Academy of Science (99th, Dayton, OH, April 1990).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adolescents; *Drug Use; *Locus of Control; *Music; Parent Child Relationship; Peer Relationship; Religion; *Suicide
IDENTIFIERS *Lyrics

ABSTRACT

This study was conducted to investigate the relationship of music preference to locus of control, religiosity, parent and peer relationships, and drug use, with an emphasis on the relationship between musical preference and suicide ideology. Adolescent clients (N=22) at a large Christian counseling center and adolescents (N=76) at a religious after-school program completed an instrument measuring the constructs of suicidal risk, social support, family and peer relationships, and drug involvement. The results for the non-clinical sample indicated a negative relationship between preference for rock music and drug involvement and suicide, and a positive relationship between parent relationship and preference for rock music. Unknown music preference was negatively related to parent relationship. The findings revealed that music preference was not significantly related to most of the subscales in the non-clinical sample. Overall music preference did not differentiate between the clinical and non-clinical groups. For the clinical group, preference for heavy metal music was related to suicide ideology and drug involvement. These findings may suggest that while non-clinical adolescents are not as affected by the messages conveyed in heavy metal music, clinical adolescents may be more sensitive to the messages and mood of this type of music. (NB)

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DRUGS, SUICIDE, AND ROCK AND ROLL

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April, 1990

Running head: Suicide and Rock

CG 022480

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A paper presented at the 99th annual meeting of the Ohio Academy of Science (Psychology Division), Dayton, Ohio.

DRUGS, SUICIDE, AND ROCK AND ROLL

I. Newman, G. J. Marchant, M. L. Newman, G. Gertz, & R. McMorrow

Adolescents are at risk in regard to suicide and that risk is increasing (Berman, 1984). The number of reported suicide deaths are believed to be highly conservative estimates of the problem. Some estimates indicate that there are six suicide attempts for every one successful completion.Other estimates are that there are between 50 - 150 attempts for every completion (Wodarski, 1989). Attempted suicides seem to be cries for help by adolescents who perceive their problems as insurmountable. Suicide is the third leading cause of death in the 15 to 20 year old age group (U.S.Bureau of Vital Statistics. 1978). This is a 1978 statistic and we know that teenage suicide has increased 237% between 1960 and 1980.

Parents of adolescents, educators, and mental health professionals have been concerned about the potential effects of the explicit lyrics in popular music, as possibly facilitating or effecting the attitudes and/or behaviors that lead to suicide and drug use. The National Parent Teachers Association (PTA) and the Parent's Music Resource Center have disseminated to its members, their concerns about explicit lyrics and themes in some of the most popular teen music. A variety of studies (eg. Prinsky & Rosenbaum, 1987) have indicated that teenagers do not understand the lyrics or the message in most of their favorite rock music.

However, there are a variety of methodological problems in their study as well as a conceptual one. Teenagers may not get the message at a cognitive level and yet may receive it at an emotional level.

More recent research by Yee, Britten, and Thomsom (1988), found that adolescents who prefer heavy metal music were significantly more likely to favor sadism, drug and alcohol use, and were more likely to participate in premarital sex as well as have a significantly more negative attitude toward school. Interestingly, there was also a positive correlation between listening to heavy metal music and viewing x-rated movies and reading pornographic magazines. However, these researchers concluded that the variance accounted for was small, ranging between a high of 10% and a low of 3%.

The purpose of this study was to investigate the relationship of music preference as it relates to locus of control, religiosity, parent and peer relationships, and drug use, with an emphasis on the relationship between musical preference and suicide ideology. It is believed that locus of control is an important mediating variable in understanding the potential relationships between music preference, drug involvement, peer relationships, family relations, and suicide ideology.

Method

Subjects

Twenty-two subjects were from a large Christian counseling center which asked their adolescent clients between the ages of 13-18, to voluntarily complete an instrument which measured the constructs of suicidal risk, social support, family and peer relationships and drug involvement. These subjects were also rated by their counselors on a five-point scale as being ranging from low-risk to high-risk for suicide. An additional 76 subjects, ages 14-17, at a religious after-school program. were asked to voluntarily fill out the same questionnaire. These however, did not have a therapist's clinical ratings of their suicide risk. The total sample included 98 subjects.

Instrument

The instrument used is a 46 item questionnaire, measuring the following seven concepts (See Appendix A for a copy of the questionnaire.):

1. Suicide ideology - (19 items) - Nineteen items, some of which had reverse scoring, measured suicide ideology. High scores on items 1, 2, 13, 20, 25, 33, 37, and 41 were perceived as low suicide ideology. High scores on items 3, 19, 21, 27, 30, 35, 39, 40, 43, 44, and 45 were perceived as a high suicide ideology score.

2. Locus of control - (4 items) - Items 4-7 were used to estimate locus of control. The higher the score, the more external the locus of control. These items have previously been identified by Rotter as the best four items of his scale, and were incorporated in the Coleman's High School and Beyond data.
3. Peer relationships - (5 items) - Five items measured peer relationships. A high score on items 8, 22, and 29 were positively scored and a high score on items 12 and 16 were negatively scored.
4. Social support - (1 item) - Only one item, number 9, was used to measure social support. Previous research indicated that the larger the support network (the number of people who could be identified, regardless of quality), the larger the perceived social support. Therefore, this one item was used to measure social support.
5. Religiosity - (5 items) - Five items were used to measure religiosity. One item, number 26, was not used in measuring the total score, since it could not be determined if a high score was positive or negative. For items 10, 14, 17, and 23 high scores were positive.
6. Parent relationships - (8 items) - Eight items were used to estimate parent relationships. On items 11, 24, 28, 31, and 38, high scores were positive ratings. For items 15, 18 and 34, high scores were negative

ratings.

7. Drug involvement - (4 items) - Four items, 32, 36, 42, and 46, measured drug involvement. High scores indicated high involvement in drug use.

Results

The frequencies and demographic information were presented for the clinical and nonclinical groups (see Tables 1 and 2). There appears to be more similarities than differences between the two groups. The means and standard deviations for the subscales and factors were calculated for the groups (see Tables 3 and 4). The correlation matrix for the nonclinical group for music preference and the subscales and factors indicated a few significant relationships (see Table 5). There was a negative relationship between preference for rock and drug involvement and suicide, and a positive relationship between parent relationship and preference for rock. Unknown music preference was negatively related to parent relationship. For the clinical sample there were positive correlations between preference for heavy metal and suicide and drug involvement (see Table 6). The music preference categories did not differentiate between the clinical and nonclinical groups (see Table 7).

Typologies were estimated through a Q-factor analytic procedure run separately on the clinical and nonclinical samples. The Q-factor analysis on the clinical sample indicated a two

factor solution (Table 8a-d). Of the 22 people in the clinical group, 13 were identified as type 1 and 6 were identified as type 2. Type 2 people tended to score higher on items which indicated more positive relationships with family and friends. The Q-factor analysis on the non-clinical group also produced a two factor solution. With 47 people in type 1 and 21 people in type 2. Both of the non-clinical typologies would be considered positive in nature. The type 2 group tended to have better parent relations, were more concerned with personal appearance, and were the lowest on suicide ideology.

Discussion

One of the most interesting features of the results was that music preference was not significantly related to most of the subscales in the non-clinical sample. Overall music preference did not differentiate between the clinical and non-clinical groups. However for the clinical sample, preference for heavy metal music was related to suicide ideology and drug involvement. One possible implication is that "non-clinical" adolescents are not as affected by the messages conveyed in heavy metal music. However, "clinical" adolescents may be more sensitive to the messages and mood of this type of music. Since this was a correlational study an equally valid argument can be made which indicates that "clinical" adolescents are more likely to be attracted to the mood and message of heavy metal music. However,

the relative similarity of music preferences between clinical and non-clinical groups did not suggest this. This is somewhat consistent with recent literature which indicates that there is a very small effect or no effect of music preference to pathology in adolescents, contrary to popular expectations.

This study also investigated typologies of "clinical" and "non-clinical" adolescents. Further research needs to be directed toward the relationship of the typologies to music preference and pathology. It is this approach to typologies which may provide insights into the characteristics of adolescents. These characteristics may provide direction for diagnosis as well as prevention strategies.

It is important to recognize the nature and limitations of this study, however, it is equally important that the relationships described here receive further investigation considering the nature of the topic.

Table 1

Frequencies and Means of Demographics for Nonclinical Group

Males	40
Female	36
Average Age	13.86
Average Grade Level	8.1
Average Number Siblings	1.4
Like Heavy Metal Music	33%
Like Western Music	2%
Like Jazz Music	21%
Like Pop Music	47%
Like Rock Music	80%
Like Classical Music	17%
Like New Wave Music	38%
Unknown	3%
Don't Listen to Music	2%

Table 2

Frequencies and Means of Demographics for Clinical Populations

Males	5
Female	17
Average Age	15.4
Average Grade Level	9.5
Average Number Siblings	1.8
Like Heavy Metal Music	45%
Like Western Music	0%
Like Jazz Music	4%
Like Pop Music	45%
Like Rock Music	68%
Like Classical Music	27%
Like New Wave Music	18%
Christian Rock	27%
Don't Listen to Music	4%

Table 3

Means and SD for the Clinical Group

	Means	SD
Suicide	39.25	11.55
Locus	8.13	2.39
Friends	15.95	4.17
Religion	14.88	2.19
Parents	25.21	4.17
Drugs	6.31	3.06
Support	16.54	23.26
Factor I	45.27	5.39
Factor II	26.72	4.22

Note. *N* = 22

Table 4

Means and SD for the Nonclinical Group

	Means	SD
Suicide	32.12	8.42
Locus	7.77	1.97
Friends	16.82	2.81
Religion	13.33	3.59
Parents	27.92	3.51
Drugs	5.92	2.74
Support	14.43	17.42
Factor I	45.79	3.90
Factor II	22.98	3.50

Note. *N* = 76

Table 5

Correlation of Music Preferences with Scales
and Factor Scores for the Nonclinical Population

		Heavy Metal	Western	Jazz	Pop	Rock	Classical	New Wave	Unknown	Do Lis
Suicide	r =					-.25				
	p =					.03				
Locus	r =									-.2
	p =									.0
Friends	r =									
	p =									.
Religion	r =									
	p =									
Parents	r =					.36			-.33	
	p =					.002			.007	
Drugs	r =					-.38				
	p =					.0009				
Support	r =	.29			.22					
	p =	.009			.05					
Factor I	r =		-.29							
	p =		.01							
Factor II	r =									
	p =									

Note. Correlations with p values of .05 or less are reported.

Table 6

Correlation of Music Preferences with Scales and Factor Scores for the Clinical Population

		Heavy Metal	Western	Jazz	Pop	Rock	Classical	New Wave	Christian Rock	Don't Listen
Suicide	r =	.5								
	p =	.02								
Locus	r =									
	p =									
Friends	r =									
	p =									
Religion	r =									
	p =									
Parents	r =									
	p =									
Drugs	r =	.54								
	p =	.008								
Support	r =						.4			
	p =						.06			
Factor I	r =									
	p =									
Factor II	r =									-.57
	p =									.005

Note. Correlations with p values of .05 or less are reported.

Table 7

Correlation Between the Nine Categories of Music with the Clinical vs. Nonclinical group

		Clinical/Nonclinical
Heavy Metal	r =	
	p =	N O
Western	r =	
	p =	
Jazz	r =	S I G N I F I C A N T
	p =	
Pop	r =	
	p =	
		C O R R E L A T I O N S
Rock	r =	
	p =	
Classical	r =	
	p =	
New Wave	r =	
	p =	
Christian Rock	r =	
	p =	
Don't Listen	r =	
	p =	

Note. Only scores with p values of .05 or less will be entered.

Table 8a

VARIABLE ASSIGNMENTS WITH FACTOR WEIGHTS BY TYPE

VAR.	WEIGHT
TYPE 1 (N= 13)	
2	2.7853
3	5.6623
7	3.6819
9	7.1501
10	1.9744
12	0.6428
14	3.2261
15	6.6756
16	8.5488
18	5.6635
19	5.8715
21	13.1856
22	1.8630
TYPE 2 (N= 6)	
1	0.7142
4	3.7355
6	3.2116
8	0.8844
13	1.0996
17	0.5146
TYPE 3 (N= 3)	
5	2.1473
11	0.4876
20	1.1318

Note. Table 8 is for the clinical sample.

Table 8b

DESCENDING ARRAY OF Z-SCORES AND ITEM DESCRIPTIONS FOR TYPE 1

9.	6.56
37.	0.23
25.	0.21
22.	0.16
28.	0.14
2.	0.14
24.	0.13
1.	0.13
8.	0.11
29.	0.11
23.	0.09
11.	0.08
20.	0.05
33.	0.05
41.	0.03
17.	0.00
13.	-0.03
18.	-0.06
44.	-0.13
45.	-0.14
38.	-0.17
10.	-0.19
5.	-0.19
39.	-0.19
14.	-0.20
26.	-0.20
7.	-0.20
34.	-0.21
32.	-0.22
3.	-0.23
31.	-0.26
27.	-0.26
6.	-0.28
30.	-0.32
35.	-0.32
12.	-0.33
40.	-0.34
21.	-0.34
36.	-0.38
43.	-0.39
16.	-0.41
4.	-0.43
19.	-0.44
15.	-0.44
42.	-0.45
46.	-0.47

Table 8c

DESCENDING ARRAY OF Z-SCORES AND ITEM DESCRIPTIONS FOR TYPE 2

24.	1.62
25.	1.62
28.	1.62
37.	1.49
29.	1.35
8.	1.34
11.	1.32
17.	1.11
1.	1.05
22.	0.97
38.	0.93
20.	0.93
14.	0.89
41.	0.74
3.	0.63
10.	0.53
7.	0.52
33.	0.47
23.	0.42
18.	0.36
2.	0.33
31.	0.27
5.	-0.07
13.	-0.20
44.	-0.22
45.	-0.23
6.	-0.29
39.	-0.44
32.	-0.49
12.	-0.51
43.	-0.53
27.	-0.73
34.	-0.93
4.	-0.98
40.	-0.99
26.	-1.05
35.	-1.13
30.	-1.16
36.	-1.19
21.	-1.21
42.	-1.24
19.	-1.24
46.	-1.24
15.	-1.35
16.	-1.39
9.	-1.72

Table 8d

ITEM DESCRIPTIONS AND DESCENDING ARRAY OF DIFFERENCES BETWEEN TYPES 1 AND 2

	1	2	DIFFERENCE
9.	6.565	-1.719	8.284
16.	-0.411	-1.390	0.979
15.	-0.441	-1.347	0.[illegible]
21.	-0.341	-1.208	0.[illegible]
26.	-0.198	-1.053	0.[illegible]
30.	-0.323	-1.157	0[illegible]
36.	-0.380	-1.194	0[illegible]
19.	-0.441	-1.245	0.804
35.	-0.325	-1.129	0.804
42.	-0.447	-1.245	0.798
46.	-0.467	-1.245	0.778
34.	-0.208	-0.927	0.719
40.	-0.341	-0.992	0.651
4.	-0.426	-0.977	0.551
27.	-0.264	-0.725	0.461
32.	-0.225	-0.488	0.263
39.	-0.192	-0.442	0.251
12.	-0.332	-0.509	0.177
13.	-0.025	-0.200	0.174
43.	-0.388	-0.535	0.147
45.	-0.143	-0.233	0.090
44.	-0.129	-0.215	0.087
6.	-0.284	-0.290	0.006
5.	-0.186	-0.073	-0.113
2.	0.139	0.333	-0.194
23.	0.090	0.418	-0.328
33.	0.049	0.472	-0.423
18.	-0.064	0.365	-0.429
31.	-0.260	0.266	-0.526
41.	0.034	0.742	-0.708
10.	-0.186	0.532	-0.717
7.	-0.205	0.521	-0.726
22.	0.156	0.974	-0.818
3.	-0.233	0.635	-0.867
20.	0.054	0.931	-0.878
1.	0.130	1.053	-0.923
14.	-0.196	0.892	-1.088
17.	0.004	1.105	-1.102
38.	-0.173	0.935	-1.108
8.	0.114	1.343	-1.229
29.	0.113	1.352	-1.239
11.	0.078	1.319	-1.241
37.	0.227	1.495	-1.268
25.	0.206	1.619	-1.413
28.	0.143	1.619	-1.476
24.	0.133	1.619	-1.486

9. How many people can you name that would be willing to help you if you were in need?

16. People my age don't like me.

15. My parents/guardians don't expect anything of me .

21. I think of things too bad to tell other people .

37. I care about the way I look.

28. I love my parents/guardians.

24. My parents/guardians love me.

25. I feel many people care for me.

TABLE 9a

FACTOR 3 IS 43.54 PER CENT NEGATIVE.
NEGATIVE ITEMS ARE EXTRACTED, MADE POSITIVE AND FORMED INTO ADDED TYPE 6
FACTOR 4 IS 40.14 PER CENT NEGATIVE.
NEGATIVE ITEMS ARE EXTRACTED, MADE POSITIVE AND FORMED INTO ADDED TYPE 7
FACTOR 5 IS 36.10 PER CENT NEGATIVE.
NEGATIVE ITEMS ARE EXTRACTED, MADE POSITIVE AND FORMED INTO ADDED TYPE 8

VARIABLE ASSIGNMENTS WITH FACTOR WEIGHTS BY TYPE

VAR.	WEIGHT
TYPE 1 (N= 47)	
2	3.4975
5	41.1974
6	2.8694
7	19.4614
8	0.8033
9	1.8520
11	1.2441
12	3.9978
13	16.1990
14	20.3443
15	2.5244
17	11.3913
18	10.6856
19	1.8184
20	1.8782
22	10.0823
23	10.7869
26	3.3058
27	10.4041
28	1.7331
29	32.5601
30	19.8266
37	3.2442
38	4.8009
39	15.3015
40	8.3173
41	3.5060
43	11.7008
44	13.9516
45	14.3328
46	2.8601
47	2.9524
49	8.7439
50	4.4439
52	10.8902
53	2.9525
54	15.6759
55	9.8799
56	5.5161
59	3.6962
60	5.0276
61	1.5735
62	2.3738
63	0.5320
65	2.3062
67	4.0160
74	4.9704

Table 9b

TYPE 2 (N= 21)	
1	2.5245
3	1.4385
4	2.5690
16	2.7246
21	3.1704
25	1.8922
31	0.8647
32	1.4240
35	0.5812
36	0.4404
42	0.5347
48	1.8376
51	1.9444
57	2.4701
58	0.7633
68	0.9370
69	3.1684
70	3.2154
71	2.2109
72	1.9879
73	1.9542
TYPE 3 (N= 4)	
24	0.6292
33	0.4291
34	1.0202
66	0.7240
TYPE 4 (N= 1)	
64	0.2345
TYPE 5 (N= 1)	
10	0.3288
TYPE 6 (N= 0)	
TYPE 7 (N= 0)	
TYPE 8 (N= 0)	

NO SUBJECTS LOAD HIGHEST ON TYPE(S) 6 7 8
THOSE TYPES ARE ELIMINATED.

Note. Table 9 is for the clinical sample.

Table 9c

DESCENDING ARRAY OF Z-SCORES AND ITEM DESCRIPTIONS FOR TYPE 2

37.	1.62
28.	1.61
11.	1.52
24.	1.45
25.	1.43
20.	1.32
1.	1.31
38.	1.28
41.	1.20
13.	1.16
33.	1.14
2.	0.97
8.	0.93
31.	0.91
29.	0.85
22.	0.76
10.	0.61
14.	0.37
17.	0.25
12.	-0.07
45.	-0.27
5.	-0.30
18.	-0.36
21.	-0.37
3.	-0.41
27.	-0.43
23.	-0.48
6.	-0.49
7.	-0.50
44.	-0.60
32.	-0.67
39.	-0.71
4.	-0.72
34.	-0.83
26.	-0.86
35.	-0.86
36.	-0.90
15.	-0.90
40.	-0.94
16.	-0.97
42.	-1.08
30.	-1.16
43.	-1.19
19.	-1.21
46.	-1.25
9.	-2.18

37. I care about the way I look.

28. I love my parents/guardians.

11. My parents/guardians value me as a perso

19. I think of killing myself

46. I sometimes get drunk or high alone.

9. How many people can you name that would be willing to help you if you were in need?

Table 9d

DESCENDING ARRAY OF Z-SCORES AND ITEM DESCRIPTIONS FOR TYPE 1

9.	6.46
24.	0.26
28.	0.25
25.	0.24
1.	0.24
8.	0.23
37.	0.22
20.	0.21
11.	0.21
22.	0.17
38.	0.16
33.	0.16
2.	0.16
29.	0.13
41.	0.11
13.	0.10
31.	0.08
10.	0.06
17.	0.00
14.	-0.04
7.	-0.12
27.	-0.21
18.	-0.22
23.	-0.22
3.	-0.23
45.	-0.26
44.	-0.29
6.	-0.30
12.	-0.31
21.	-0.32
5.	-0.35
32.	-0.35
39.	-0.37
40.	-0.37
4.	-0.38
16.	-0.41
15.	-0.42
30.	-0.42
34.	-0.47
36.	-0.47
19.	-0.47
35.	-0.48
26.	-0.49
46.	-0.49
42.	-0.50
43.	-0.50

9. How many people can you name that would help you if you were in need?

28. I love my parents/guardians.

24. My parents/guardians love me.

25. I feel many people care for me.

46. I sometimes get drunk or high alone.

42. I often use alcohol and/or drugs.

43. I have thoughts of how to do myself in

Table 9e

ITEM DESCRIPTIONS AND DESCENDING ARRAY OF DIFFERENCES BETWEEN TYPES 1 AND 2

	1	2	DIFFERENCE
9.	6.458	-2.176	8.634
46.	-0.491	-1.253	0.762
19.	-0.474	-1.211	0.737
30.	-0.424	-1.156	0.732
43.	-0.496	-1.187	0.690
42.	-0.495	-1.081	0.586
40.	-0.373	-0.943	0.570
16.	-0.411	-0.970	0.559
15.	-0.424	-0.903	0.479
36.	-0.471	-0.895	0.425
35.	-0.475	-0.864	0.388
7.	-0.117	-0.503	0.386
26.	-0.488	-0.861	0.372
34.	-0.465	-0.831	0.366
4.	-0.377	-0.718	0.340
39.	-0.369	-0.707	0.338
32.	-0.352	-0.666	0.314
44.	-0.288	-0.595	0.307
23.	-0.222	-0.479	0.257
27.	-0.208	-0.430	0.222
6.	-0.301	-0.490	0.188
3.	-0.226	-0.407	0.181
18.	-0.220	-0.357	0.137
21.	-0.323	-0.367	0.044
45.	-0.260	-0.271	0.011
5.	-0.349	-0.304	-0.044
12.	-0.308	-0.072	-0.236
17.	0.001	0.254	-0.254
14.	-0.039	0.371	-0.410
10.	0.062	0.609	-0.548
22.	0.174	0.758	-0.584
8.	0.229	0.930	-0.701
29.	0.135	0.852	-0.717
2.	0.158	0.967	-0.809
31.	0.076	0.909	-0.833
33.	0.158	1.141	-0.982
13.	0.103	1.164	-1.061
1.	0.238	1.311	-1.073
41.	0.105	1.205	-1.099
20.	0.214	1.318	-1.104
38.	0.159	1.278	-1.120
25.	0.240	1.428	-1.188
24.	0.261	1.452	-1.191
11.	0.213	1.519	-1.306
28.	0.247	1.613	-1.366
37.	0.219	1.620	-1.400

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QUESTIONNAIRE

I.D.# _____ Sex: M F Age: _____ Grade: _____

Parent/Guardian: _____ Number of Parents: _____

Number of Siblings: _____ Religious Affiliation: _____

Check the types of music you like: heavy metal ____ western ____ jazz ____

pop ___ rock-n-roll ____ classical ____ new age ____ other _____

	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4	
1. I look forward to the future	1	2	3	4	
2. I feel there is a lot of good I can do	1	2	3	4	
3. I feel tired and run down.	1	2	3	4	
4. Good luck is more important for success than hard work.	1	2	3	4	
5. Every time I try to get ahead, someone or something stops me.	1	2	3	4	
6. Planning only makes a person unhappy since plans hardly ever work out.	1	2	3	4	
7. People who accept their condition on life are happier than people who try to change things.	1	2	3	4	
8. I have a lot of friends	1	2	3	4	
9. How many people can you name that would be willing to help you if you were in need?	_____ (No.)				
10. Religion is very important to me	1	2	3	4	5
11. My parents/guardians value me as a person.	1	2	3	4	5
12. I wish I had better friends.	1	2	3	4	
13. I am doing very well in school	1	2	3	4	5
14. I very frequently practice my religion	1	2	3	4	5
15. My parents/guardians don't expect anything of me	1	2	3	4	5
16. People my age don't like me.	1	2	3	4	
17. My religious beliefs make me feel good about myself.	1	2	3	4	5
18. My parents/guardians expect too much of me	1	2	3	4	5
19. I think of killing myself to get back at others.	1	2	3	4	

(turn over)

20. I am fun to be with. 1 2 3 4

21. I think of things too bad to tell other people 1 2 3 4

22. I fit in with most people my age. 1 2 3 4

23. My religious beliefs help me know what to do when I have problems. 1 2 3 4

24. My parents/guardians love me. 1 2 3 4

25. I feel many people care for me. 1 2 3 4

26. I have changed my religious beliefs. 1 2 3 4

27. I have trouble sleeping. 1 2 3 4

28. I love my parents/guardians. 1 2 3 4

29. I am satisfied with my relationship with members of the opposite sex. 1 2 3 4

30. It is more painful to live than die. 1 2 3 4

31. My parents/guardians trust my decisions. 1 2 3 4 5

32. Many of my friends get drunk or high. 1 2 3 4

33. I feel very healthy. 1 2 3 4

34. I wish I had different parents/guardians. 1 2 3 4

35. I have thoughts of giving all my things away. 1 2 3 4

36. I sometimes get drunk or high with my friends. 1 2 3 4

37. I care about the way I look. 1 2 3 4 5

38. My mom and dad have a good relationship with each other. 1 2 3 4 5

39. Most things are hard for me to do. 1 2 3 4

40. I feel I need to punish myself for things I have done or thought. 1 2 3 4

41. I am easy to love. 1 2 3 4

42. I often use alcohol and/or drugs. 1 2 3 4

43. I have thoughts of how to do myself in. 1 2 3 4

44. I find myself feeling depressed. 1 2 3 4

45. I think I have too much responsibility. 1 2 3 4

46. I sometimes get drunk or high alone. 1 2 3 4

APPENDIX B

Where To Get Help
Information & Assistant Resources

American Association of Suicidology
2459 Ash
Denver, Colorado 80222
303/692-0985

Institute for Studies of Destructive Behaviors
1041 South Menlo Avenue
Los Angeles, California 90006
213/386-5111

National Center for Health Statistics
3700 East-West Highway, Room 157
Hyattsville, Maryland 20782
301/436-8500

National Institute of Mental Health
Public Inquiries Section, Room 15C05
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4515

Youth Suicide National Center
West Coast Office
204 E. Second Avenue, Suite 203
San Mateo, California 94401
415/347-3961

S.P.A.R.E.
(Suicide Prevention Allied Regional Effort)
5100 South Picadilly
Aurora, Colorado 80015
303/680-5211

APPENDIX C

IMPORTANT FACTS

- Many adolescents who commit suicide hinted at their intent, so suicidal threats and attempts should always be treated seriously.

- Suicide is not inherited. However, research indicates that emotional disorders, such as depression, may be inherited. Therefore, children in some families may carry a higher likelihood of self-destruction than those in others.

- Suicidal people often are ambivalent about dying and frequently will call for help immediately following an attempted suicide.

- Many suicidal adolescents are depressed and distraught, most of them cannot be diagnosted as seriously mentally ill.

- Most adolescents who are suicidal are that way for only a brief period in their lives. If a young person who attempts suicide receives the proper assistance and support, he may never be suicidal again.

- Asking someone directly about a suspected suicidal intent often will lower their anxiety level by encouraging them to vent pent-up emotions, thus deterring the act of self-destruction.

- Suicide crosses all socioeconomic groups and no one class is more susceptible to it than another.

- The greatest danger of suicide exists during the first three months after an adolescent recovers from a deep depression.

- Most suicidal adolescents plan their self-destruction in advance.

*From Teens In Crisis (1989) by Thomas C. Barrett.

APPENDIX D

BASIC INTERVENTION STRATEGIES

- Don't be judgemental.

- Avoid saying, "No, you can't." No one can really prevent you from harming yourself if that is what you really want to do. But then again, no one can stop you a week from now or a month from now either. So, I suggest you postpone it until other solutions can be explored.

- Don't be sworn to secracy.

- Get help from a mental health professional or agency.

*From Teens In Crisis (1989) by Thomas C. Barrett.

APPENDIX E

SIGNALS OF POTENTIAL BEHAVIOR

- Problems sleeping
- Loss of appetite
- Isolation and withdrawal
- Accident proneness
- Running away
- Dramatic changes in appearance
- Drug or alcohol abuse
- Agitation and aggression
- Talk about death
- Guilt feelings
- Hopelessness
- Giving away personal possessions
- Depression
- Short attention span
- Loss of interest in pleasurable activities
- Crying spells
- Self-criticism
- Sexual promiscuity
- A drop in school performance
- School attendance problems or dropping out
- Cult or gang membership
- Writings with messages of self-destruction
- Art work depicting violence, especially against self
- Euphoria following depression

STRESS-PRODUCING SITUATIONS

- Loss of someone significant through death, divorce, separation
- Loss of an important peer relationship
- Alienation
- Recent failure
- Family stress
- Moving

*From Teens In Crisis (1989) by Thomas C. Barrett

APPENDIX F

TEACHING COPING SKILLS IS THE KEY TO PREVENTING SUICIDE

PARENTS NEED TO BE AWARE OF:

Many parents, devastated by the suicide of a son or a daughter, recall certain behaviors that may have indicated a potential for the suicide. Others feel that there were no warning signs. No parent can fully know what to expect, but there are things a parent can do and know that might prove helpful in saving a child. Specifically:

- Extreme behavior patterns are not necessarily normal. Such behavior may be a sign that a child is disturbed.

- For teens who have limited coping skills, mild depression can turn to deeper depression with thoughts of suicide or another form of self-destruction.

- Be more aware of involvement with school, peers, and the community.

- Be empathetic when problems arise.

- Major changes in the family structure can be very difficult for an adolescent.

- If changes in a child's personality occur, seek qualified mental health advice for help.

*From Teen In Crisis (1989) by Thomas C. Barrett.

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Date Filmed

March 29, 1991